



Department of Veterans Affairs

DISABLED VETERANS APPLICATION FOR VOCATIONAL REHABILITATION
(Chapter 31 - Title 38, U.S.C.)

PURPOSE OF VOCATIONAL REHABILITATION: Vocational rehabilitation provides the services and assistance eligible disabled veterans need to get and keep a suitable job. If employment is not reasonably feasible, vocational rehabilitation can help eligible disabled veterans achieve maximum independence in their daily living activities.

IMPORTANT: To see if you should fill out this form, please read the information on the back of the form.

1. FIRST, MIDDLE, LAST NAME OF VETERAN		2. SOCIAL SECURITY NO.		3. VA FILE NO. <i>(If different from Item 2)</i>	
4A. MAILING ADDRESS <i>(No. and street or rural route, city, State, and ZIP Code)</i>		5. DAYTIME TELEPHONE <i>(Include Area Code)</i>	6. EVENING TELEPHONE <i>(Include Area Code)</i>	7. DATE OF BIRTH	
		8. VA OFFICE WHERE RECORDS ARE LOCATED		9. YEARS OF EDUCATION	
4B. E-MAIL ADDRESS OF VETERAN					

10. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS, GIVE YOUR FUTURE ADDRESS		11. LIST ANY PREVIOUS VOCATIONAL REHABILITATION PROGRAMS YOU HAVE BEEN IN AND GIVE THE DATES <i>(Include both VA and non-VA programs)</i>		(DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)	
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12. SERVICE INFORMATION *(Enter the following information for each period of active duty, Show ALL active duty)*

SERVICE NUMBER <i>(Prefix and suffix)</i> (A)	BRANCH OF SERVICE (B)	DATE ENTERED ACTIVE DUTY (C)	DATE LEFT ACTIVE DUTY (D)	TYPE OF SEPARATION OR DISCHARGE (E)

13. IF YOU ARE NOW WORKING

A. NAME AND ADDRESS OF EMPLOYER		B. DUTIES OF YOUR JOB		C. MONTHLY SALARY OR WAGES \$	
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14. IF YOU ARE NOW HOSPITALIZED, WHAT IS THE NAME AND ADDRESS OF YOUR HOSPITAL?

15. WHAT BARRIERS *(For example, medical conditions and skill needs)* DO YOU FEEL REDUCE YOUR ABILITY TO GET OR HOLD A SATISFACTORY JOB?

16. BASED ON WHAT YOU KNOW ABOUT THE VOCATIONAL REHABILITATION PROGRAM, WHAT GOAL DO YOU WANT VOCATIONAL REHABILITATION TO HELP YOU REACH?

I HEREBY CERTIFY THAT all the information I have entered on this form is true and complete to the best of my knowledge and belief. I realize that making willful false statements concerning a material fact in a claim for vocational rehabilitation benefits is a punishable offense that may result in fine or imprisonment or both.

17A. SIGNATURE OF APPLICANT <i>(Do not print) (Sign in ink)</i>		17B. DATE	
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VOCATIONAL REHABILITATION FOR SERVICE-DISABLED VETERANS

EVALUATION: If you have a VA combined service-connected disability rating of 10 percent or more and you apply for vocational rehabilitation, we will schedule you for a comprehensive evaluation. As a first step during this evaluation interview, a counselor will work with you to answer three questions. For you to receive rehabilitation services and assistance under this program, the answers to all three questions must be "yes."

1. Do you meet the basic entitlement requirements in the next paragraph?
2. If you meet these requirements, is it reasonable to expect you to be able to reach an employment or independent living goal?
3. Are you within the time limit for receiving this benefit? (This is generally 12 years from the date VA notified you that you had at least 10% service-connected disability.)

BASIC ENTITLEMENT REQUIREMENTS:

If:	and VA rates your service-connected conditions at least:	and a VA counselor finds that you need rehabilitation to overcome:	then you may receive a program of needed:
You are a veteran or a service member awaiting a disability discharge	20 percent disabling	An employment handicap*	Vocational rehabilitation services and assistance.
You are a veteran	10 percent disabling	A serious employment handicap*	Vocational rehabilitation services and assistance.
	20 percent disabling	A serious employment handicap*	Independent living services and assistance.

* An *employment handicap* means that you have difficulty in getting or holding a job that is suitable for your aptitudes, interests, and abilities, and is compatible with your disabilities. Your difficulty in getting and keeping a job must result in substantial part from your service-connected disability. A *serious employment handicap* means that this difficulty greatly limits your ability to get or hold a suitable job.

PLANNING AND COUNSELING: Your counselor must first determine that you meet the entitlement requirements and an employment or independent living goal is reasonably feasible. Then your counselor will help you develop a plan of services and assistance to assist you to reach your employment or independent living goal. Counseling will be available throughout your program to help you with problems that may arise. We will set up evaluation and counseling meetings at times convenient for you. We will pay your travel expenses to and from these meetings.

REHABILITATION SERVICES: Not all vocational rehabilitation programs involve training. You may only need employment services to help you get a suitable job. If a VA counselor determines that you need training to reach your vocational goal, your VA counselor will also determine the number of months of training you need. You may train in a vocational school, a special rehabilitation facility, an apprenticeship program, other on-job training position, a college, or a university. While you train, VA will provide the medical and dental care and treatment, employment assistance to get and keep a job, and other services you need. If a vocational goal is not currently feasible for you, VA may provide services and assistance to improve your capacity for independent living.

SUPPORT: VA may pay for tuition, fees, books, equipment, tools, or other supplies you need to succeed in your program. While training and for two months after you complete training and are looking for employment, you will receive a subsistence allowance to help you meet your living expenses. The allowance you receive depends on your type of training, rate of attendance, and number of dependents. You will receive this allowance in addition to any VA compensation or military retired pay you may receive.

HOW TO APPLY OR RECEIVE INFORMATION AND ASSISTANCE: To apply, submit this completed application to the nearest VA office. You may obtain information and assistance from any VA office or United States Veterans Assistance Center (USVAC). Local representatives of veterans service organizations and the American Red Cross also have information and forms available.

PRIVACY ACT: VA may not pay this benefit unless VA receives a completed application form (38 U.S.C. 210(c)(1)). VA needs the information this form requests to determine your entitlement to the benefit. VA may not use the information you provide on the form for any other purpose. VA will not release the information outside VA unless you authorize the release in writing or unless the Privacy Act allows the release, including the routine uses in the VA system of records, 58VA21/22, Compensation, Pension, Education, and Rehabilitation Records - VA, that we publish in the Federal Register. Generally, we will make a disclosure under a routine use to develop your claim for vocational rehabilitation benefits under title 38, U.S. Code. We may use computer matching programs with other agencies to verify information you submit. For example, VA may use computer matching to obtain employment status information. If you owe VA money, VA may also use computer matching to help collect the debt.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.